



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

890522-01

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address State Merit System 200 Piedmont Avenue, Rm. 502 Atlanta, Georgia 30334	Application Number	89-053
Application Number 89-02		Date Received MAY 22 1989	Date Completed JUL 05 1989
2. Person to Contact Susie Atcheson		Working Title Senior Auditor	Telephone Number 656-4915
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1983 Latest Current		5. Records Series Title (followed by title used in office, if different) Coordination of Health Benefit Audit Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <p>The State Health Benefit Plan provides health insurance coverage for approximately 200,000 State employees, teachers and eligible members of the Employees and Teachers Retirement System in addition to their dependents.</p> <p>The Audit Unit investigates and audits files pertaining to unrequested refunds for overpayment of health insurance claims from hospitals, physicians and other providers or service. These audits can result in a savings to the State by causing a refund of payments made by the State Health Benefit Plan.</p>			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. <p>Documents relating to: Audit and investigation of individual health benefit claim payments which involve coordination of benefits with other insurance plans. At times payments are made when the State Health Benefit Plan is erroneously considered, at payment date, to be primary payor.</p> <p>Included are: A log of COB actions which is always stapled to the inside folder cover, examiner form, overpayment reconciliation form, History interrogation form, Refund back up form, Refund voucher sheet, claim copy, duplicate coverage inquiry form, duplicate payment summary sheet and 3 computer print-out forms MRP, MRI and OCI.</p> <p>File is arranged: Alphabetically, last name first by calendar year</p>			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>0</u> ; Seven to twelve months old <u>0</u> ; Thirteen to twenty-four months old <u>0</u> ; twenty-five months and older <u>0</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) <u>7 archive boxes</u>			

YES	NO	10. Questionnaire (Place an X in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. DC 6A 50-18-72
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	1 _____ years.
b. Statute of limitation	_____ years.	e. Administrative need	1 _____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

Files needed until audit completed by internal auditors of accounting section.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 1 _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>B. Bennett</i>	5/18/89	<i>Rosalind O. Pounds</i> 656-2701	5-18-89

State Records Committee (Signature)		Date
State Auditor/Designee	<i>W. J. Lewis</i>	7/5/89
Secretary of State/Designee	<i>Edward Welton</i>	7/3/89
Governor Attorney General/Designee	<i>W. H. Roper</i>	7/3/89

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Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)
89-053